FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Amended Ame
Americans for Job Security (b) Address (number and street)
(b) Address (number and street)
107 South West Street PMB 551 (c) City, State and ZIP Code Alexandria (d) Name of Employer or Principal Place of Business (e) Occupation Amended Amende
Alexandria VA 22314 (d) Name of Employer or Principal Place of Business (e) Occupation New 3. Is This Statement Amended Amended Amended VA 2314 (e) Occupation Mo M
3. Is This Statement Amended Am
3. Is This Statement or Amended 4. Covering Period through Amended Amen
Amended Ame
Amended O 9 10 2008 5. (a) Date of Public Distribution(s) MO 9 10 10 2008 6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.16 (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify:
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.16 (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify:
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify: 7. Were the disbursements for the electioneering communication made exclusively
(e) Other, specify: 7. Were the disbursements for the electioneering communication made exclusively
7. Were the disbursements for the electioneering communication made exclusively
7. Were the disbursements for the electioneering communication made exclusively
from donations to a segregated bank account?
8. Custodian of Records
(a) Name
Stephen A DeMaura
(b) Address (number and street) 107 South West Street
(c) City, State and ZIP Code
Alexandria VA 22314
(d) Name of Employer or Principal Place of Business (e) Occupation
Americans for Job Security President
9. Total Donations This Statement .00
10.Total Disbursements/Obligations This Statement 105534.00
Under penalty of perjury, I certify that this statement is true, correct and complete.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephen A DeMaura
SIGNATURE Electronically Filed by Stephen A DeMaura DATE 09/10/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.